

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Philippe Menei et al.

Group Art Unit: 1615

Application No.: 10/022,241 Filing Date:

December 20, 2001

Examiner: BLESSING M FUBARA

Confirmation No.: 7151

Title: TREATMENT OF INOPERABLE TUMORS BY STEROTACTIC INJECTION OF MICROSPHERES

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

	·						
Enc	losed is a reply for the above-identified patent application.						
×	A Petition for Extension of Time is also enclosed.						
	Terminal Disclaimer(s) and the \$\preceq\$\$\$\$\$\$\$\$\$\$\$\$\$\$5.00 (2814) \$\preceq\$						
×	Also enclosed is/are Declaration Under 37 C.F.R. Sec. 1.132						
	Small entity status is hereby claimed.						
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).						
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.						
	Applicant(s) previously submitted						
	on, for which continued examination is requested.						
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.						

Attorney Docket No.	017751-017		
Application No.	10/022.241		

×	No additional claim fee is required.
	An additional claim fee is required, and is calculated as shown below.

		A	MEND	ED CLAIMS			
	No. of Claims	Highes of Cla Previo Paid	aims ously	Extra Claims	i	Rate	Additional Fee
Total Claims	14	MINUS	20 =	0	×	\$50.00 (1202)	= \$ 0.00
Independent Claims	1	MINUS	3 =	0	х	\$200.00 (1201)	= \$ 0.00
If Amendment adds m	nultiple depen	dent claim	s, add	\$360.00 (1203)			
Total Claim Amendme	ent Fee						\$ 0.00
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00		
TOTAL ADDITIONAL	. CLAIM FEE	DUE FOR	RTHIS	AMENDMENT			\$ 0.00

Ш	A check in the amount of	of is enclosed for the fee due
	Charge	to Deposit Account No. 02-4800.
	Charge	to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: January 31, 2005

Ву

Brian P. O'Shaughnessy

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